

State of Montana
Developmental Disabilities Program
SKILLS ASSESSMENT
 Do not alter this form

Name of Individual: _____ Date: _____

ADAPTIVE BEHAVIOR (Community Living Skills)

Directions: For each of the following behaviors indicate which of the items on the scale below best describes the performance of the client. In the space labeled "other", insert any skills which are either a significant strength or weakness of the client.

SCALE: 0=No Skill 1=Some Assistance Required 2=Independent NA=Not Applicable /=No Opportunity

A. Dressing

- _____ 1. Primary dressing (eg. pants, shirt)
- _____ 2. Secondary dressing (e.g.: zippers, snaps, tying)
- _____ 3. Care for and selects clothing
- _____ 4. Changes clothing as needed
- _____ 5. OTHER: _____

B. Toileting

- _____ 1. Daytime-# of accidents per month _____
- _____ 2. Nighttime-# of accidents per month _____
- _____ 3. Uses toilet paper
- _____ 4. OTHER: _____

C. Eating

- _____ 1. Feeds self
- _____ 2. Eats family style
- _____ 3. OTHER: _____

D. Personal Hygiene

- _____ 1. Bathes _____ 6. Shaves
- _____ 2. Shampoos hair _____ 7. OTHER: _____
- _____ 3. Brushes teeth
- _____ 4. Uses deodorant
- _____ 5. Cares for menses

E. Money Management

- _____ 1. Gives next dollar over amount

H. Activities

- _____ 1. Initiates hobbies during "free time"
- _____ 2. Participates in leisure activities
- _____ 3. OTHER: _____

I. Motor Skills

- _____ 1. Walks independently
- _____ 2. Moves independently w/walker/wheelchair
- _____ 3. Transfers from wheelchair
- _____ 4. OTHER: _____

J. Community

- _____ 1. Behaves appropriately in public
- _____ 2. Moves freely about in familiar community
- _____ 3. Use public transportation
- _____ 4. OTHER: _____

K. Social

- _____ 1. Maintains appropriate social distance
- _____ 2. Offers assistance to others
- _____ 3. Shows consideration of others feelings
- _____ 4. OTHER: _____

L. Independence

- _____ 1. Fixes breakfast and prepares lunch
- _____ 2. Fixes at least two evening meals
- _____ 3. Does home repair and maintenance

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_____	2. Pays exact amounts	_____	4. Sets alarm clock for getting up on time
_____	3. Withdraws & deposits money in bank	_____	5. Takes own medication
_____	4. Uses checkbook	_____	6. Recognizes need for medical services
_____	5. Buys personal items	_____	7. Seeks medical help in emergency
_____	6. Shops in store	_____	8. Recognizes survival signs
_____	7. OTHER: _____	_____	9. Uses telephone
		_____	10. Operates appliances safely
F. Housekeeping		_____	11. Uses coin operated machine
_____	1. Cleans room	_____	12. Goes to bed at reasonable hour
_____	2. Makes bed	_____	13. Keeps perishable food for safe lengths
_____	3. Washes clothes	_____	14. Gives knowledge of self (ie. name, address)
_____	4. Puts clothes away	_____	15. OTHER: _____
_____	5. Carries out chores		
		M. Academic	
G. Communication		_____	1. Tells time to 15 minutes
_____	1. Communicates basic needs	_____	2. Adds and subtracts
_____	2. Follows instructions	_____	3. Uses a calculator
_____	3. Speech can be understood	_____	4. Writes
_____	4. Uses sign language	_____	5. Reads
_____	5. OTHER: _____	_____	6. OTHER: _____